

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-413)**

SERIAL NO.
632954

FILING DATE
8-4-00

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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TOTAL						

	1 ST		2 ND		3 RD	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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100						
TOTAL						

21
26